



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Risk Management Program
Confidential Quarterly Report Pursuant to KSA 65-4923(d)
Reports are due to KDHE within 30 days of each completed quarter.
See table on page 4 for quarterly report due dates.

Confidential Cover Page

Quarterly Report (QR) Pursuant to KSA 65-4923(d)

(d) Each review and executive committee referred to in subsection (a) shall submit to the Secretary of Health and Environment, on a form promulgated by such agency, at least once every three months, a report summarizing the reports received pursuant to subsections (a)(2) and (a)(3) of this section. The report shall include the number of reportable incidents reported, whether an investigation was conducted, and any action taken.

Reporting Year _____ Reporting Quarter _____

Check this box if this is an amendment to a previous QR submitted. What Quarter? _____

Name of Facility: _____

State License Number: _____

Address: _____

City: _____

Name and Title of Risk Manager: _____

Email Address: _____

Phone Number: _____

Date Sent to KDHE: _____

With this submission, as the above listed Risk Manager I hereby attest that the report submitted to Kansas Department of Health and Environment is true, complete, and accurate to the best of my knowledge without known errors or omissions.

Signature: _____

Date: _____



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Facility Name: _____

City: _____ State License Number: _____

1. Facility Type: Hospital Psychiatric Hospital Ambulatory Surgery Center Other: _____

2. Year: _____

Reporting Quarter: Jan. – Mar. Apr. – June July – Sept. Oct. – Dec.

3. Total number of final SOC determinations by the facility’s risk management program in this quarter: (Please note: Including the facility’s Incident Report Number (IRN) for each incident, or SOC assignment creates a common numbering system that can be used by both KDHE and the appropriate licensing agency. KDHE can then track the report, if needed, to confirm that it was submitted to the licensing agency.)

a. _____ Total number of final SOC III (standard of care not met with injury occurring or reasonably probable) determinations. IRN(s): _____

b. _____ Total number of final SOC IV (possible grounds for disciplinary action by the appropriate licensing agency) determinations. IRN(s): _____

4. Check this box if an investigation was conducted for each of the reportable incidents listed above

5. Specify the individual number of reports submitted to each of the following licensing agencies for the SOC III and SOC IV determinations listed in section 3 of this report:

_____ Board of Healing Arts – IRN(s): _____

_____ Board of Nursing – IRN(s): _____

_____ Board of Pharmacy – IRN(s): _____

_____ Dental Board – IRN(s): _____

_____ KDHE – IRN(s): _____

_____ Other* – IRN(s): _____

*Specify other agency name: _____



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6. Indicate the category type of each individual incident/occurrence for the SOC III & SOC IV determinations reported in section 3 of this report:

- # _____ Abuse, Neglect, or Exploitation – IRN(s): _____
- # _____ Assessment / Treatment – IRN(s): _____
- # _____ Delay – IRN(s): _____
- # _____ Documentation of Narcotics – IRN(s): _____
- # _____ Drug Diversion – IRN(s): _____
- # _____ EMTALA-Related – IRN(s): _____
- # _____ Facility Process or System-Related – IRN(s): _____
- # _____ Fall – IRN(s): _____
- # _____ Falsification – IRN(s): _____
- # _____ Impairment Due to Drug / Alcohol – IRN(s): _____
- # _____ Impairment (Physical, Mental, Emotional, Cognition) – IRN(s): _____
- # _____ Improper Procedure – IRN(s): _____
- # _____ IV Infiltration – IRN(s): _____
- # _____ IV Line Mix-Up – IRN(s): _____
- # _____ Medication Error – IRN(s): _____
- # _____ Professional Licensure Event – IRN(s): _____
- # _____ Scope of Practice – IRN(s): _____
- # _____ Unprofessional Conduct – IRN(s): _____
- # _____ Other (explain) – IRN(s): _____



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7. Specify the number of corrective actions taken for each SOC III & SOC IV determination listed in section 3 of this report:

- # _____ Policy / Procedure Change – IRN(s): _____
- # _____ Suspension of Privileges – IRN(s): _____
- # _____ Termination – IRN(s): _____
- # _____ Counseling / Education – IRN(s): _____
- # _____ Restriction of Privileges – IRN(s): _____
- # _____ Revocation of Privileges – IRN(s): _____
- # _____ Pending – IRN(s): _____
- # _____ Other (explain) – IRN(s): _____

Return this report to:
 KDHE / BFL / Health Facilities Program
KDHE.Riskmanagement@ks.gov (preferred)
 Fax: 785-559-4285

QUARTER	PERIOD	REPORT DUE BY
1st	January - March	April 30
2nd	April - June	July 30
3rd	July - September	October 30
4th	October - December	January 30

Data Collection Purpose: The purpose of the data collection activity is solely for usage as business analytics for the KDHE Risk Management Program. This includes but is not limited to overall Risk Management Program business intelligence, enterprise information management, enterprise performance management, analytic applications, and governance, risk, and compliance.
